



BLABY RURAL DISTRICT COUNCIL

A N N U A L   R E P O R T

of the

M E D I C A L   O F F I C E R   O F   H E A L T H

for the year 1946





BLABY RURAL DISTRICT COUNCIL

A N N U A L   R E P O R T

of the  
MEDICAL OFFICER OF HEALTH

for the year 1946

Mr. Chairman and Gentlemen,

I beg to present the Annual Report on the Health of your district for the year 1946.

The Registrar General's estimate of the (civilian) population is 36,460 which is 1,280 more than the estimate for the previous year.

|                                                      |                 |            |     |            | <u>1946</u>     | <u>1945</u> |
|------------------------------------------------------|-----------------|------------|-----|------------|-----------------|-------------|
| Births,                                              | legitimate M.   | 336        | F.  | 332        | Total 668       | 525         |
| "                                                    | illegitimate M. | <u>12</u>  | F.  | <u>24</u>  | Total <u>36</u> | <u>55</u>   |
|                                                      | Totals:         | <u>348</u> |     | <u>356</u> | <u>704</u>      | <u>580</u>  |
| Birth-rate ...                                       | ...             | ...        | ... | ...        | 19.3            | 16.4        |
| Birth-rate for England and Wales ...                 |                 |            |     | ...        | 19.1            | 16.1        |
| Still-births (two were illegitimate)                 |                 |            |     | ...        | 19              |             |
| Deaths: Males 175, Females 169, Total 344.           |                 |            |     |            |                 |             |
| Non-civilian deaths are excluded.                    |                 |            |     |            |                 |             |
| Crude death rate ...                                 | ...             | ...        | ... | ...        | 10.9            | 9.6         |
| Comparative death-rate: R.G.'s factor not available. |                 |            |     |            |                 |             |
| Death-rate (Civilian) for England & Wales            |                 |            |     |            | 11.5            | 11.4        |
| Deaths of infants under one year of age ...          |                 |            |     |            | 24              | 21          |
| Male 13      Female 11                               |                 |            |     |            |                 |             |
| (one infant death was illegitimate)                  |                 |            |     |            |                 |             |
| Infant Mortality Rate per 1,000 births               |                 |            |     |            | 34              | 36          |
| Infant Mortality Rate for England & Wales            |                 |            |     |            | 43              | 46          |

Causes of Death

The chief causes of death were: Heart disease 74: Cancer 42: Inter-cranial vascular lesions ("stroke") 57: Tuberculosis 21: Bronchitis 15: Pneumonia 9.



## Comments on Statistics

The crude death rate, 10.9 is a little higher than in the previous year but compares favourably with 11.5 for England and Wales. The infant mortality figure of 34 is very low and compares with 43 for the whole country, or with 55 for the five pre-war years. The fall in the infant mortality throughout the country, including Blaby R.D., in spite of war conditions is, as has been pointed out in previous reports, most remarkable and very gratifying. It can only be attributed to the special efforts made on behalf of child welfare, both during and since the war. When one thinks of all that is now being done for children it may safely be asserted that they have never been better looked after in this country than they are today.

In my last report I commented upon the large number of deaths from cancer and malignant disease. It is satisfactory, therefore, to be able to record substantially fewer deaths from these causes in 1946 viz: only 42 as compared with an average of 54 in the four previous years. Let us hope that the reduction may be continued.

## GEOGRAPHICAL AND SANITARY CIRCUMSTANCES OF THE AREA

The Blaby R.D. is situated to the south-west of the City of Leicester, to which it is contiguous. On the north-west it adjoins Market Bosworth R.D.; it makes a small contact with Hinckley Rural District on the west; on its southern boundary it is contiguous with the Lutterworth Rural District and it makes a slight contact with Billesdon Rural District on the east.

Blaby R.D. is really only semi-rural in character. This is due, no doubt, to its contiguity with the City of Leicester. The parish of Braunstone, the nearest to Leicester, has a population of over 7,000, nearly one quarter of the population of the whole District. Six other parishes, Narborough, Enderby, Glenfields, Glen Parva, Kirby Muxloe and Blaby have populations between 2,500 and 3,500, while four other parishes, Countesthorpe, Whetstone, Stoney Stanton and Croft have populations between 1000 and 2000.

The average populations of the 19 parishes (excluding four hamlets) is 1700.

In this respect, Blaby Rural District is in marked contrast with the rural districts which adjoins it. Lutterworth R.D., for example, is purely rural in character, and the average population of its 25 parishes, including the small country town of Lutterworth, is only 420.

Various industries are carried on in several of the larger parishes of Blaby R.D., notably quarrying in Croft, Enderby & Stoney Stanton, while Blaby is noted for tomato culture.

As regards amenities, water supply, sewage disposal, refuse collection, transport, housing, etc., Blaby is much better provided for than the average rural districts.



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PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

INCIDENCE OF NOTIFIABLE DISEASE

|                                     | <u>Cases</u> | <u>Deaths</u> |
|-------------------------------------|--------------|---------------|
| Cerebro-spinal Fever & Meningitis   | 4            | -             |
| Diphtheria (only 7 cases confirmed) | 11           | -             |
| Dysentery                           | 8            | -             |
| Erysipelas                          | 12           | -             |
| Malaria                             | 1            | -             |
| Measles                             | 23           | -             |
| Ophthalmia Neonatorum               | -            | -             |
| Pneumonia                           | 23           | 9             |
| Polio-myelitis                      | -            | -             |
| Puerperal pyrexia                   | 1            | -             |
| Scarlet Fever                       | 70           | -             |
| Tuberculosis: pulmonary             | 18           | 18            |
| other forms                         | 4            | 3             |
| Typhoid Fever                       | -            | -             |
| Whooping Cough                      | 140          | 2             |
|                                     | <u>315</u>   | <u>32</u>     |

Measles was not epidemic during the year under review, only 23 cases being reported as compared with over 600 in the previous year. During 1947, however, it has again become prevalent.

As I have previously stated in these reports, very little benefit is obtainable by the notification of measles, which was started as a war-time measure. Notification entails a good deal of extra work on health departments and each notification has to be paid for. Now that the war is over, it would be a good thing, in the writer's opinion, if the notification of measles was repealed.

Whooping Cough 140 cases were reported during the year. Whooping cough is a more serious affection than measles and is one of the major causes of ill health in childhood. It is only natural that parents dread it and we are not infrequently asked if children cannot be immunised against it in the same way that children are protected against diphtheria. Vaccines are on the market which purport to give this protection and it is quite practicable to administer them at the same time, and as part of the same injection, as immunisation against diphtheria. Unfortunately the efficacy of such immunisation against whooping cough has not yet been satisfactorily demonstrated, and until it is, the Government, quite rightly, have not taken it up.

It is certainly to be hoped, however, that before long a really satisfactory and effective method will be evolved.

Scarlet Fever 70 cases were notified with no deaths, the parishes chiefly affected being Braunstone 9; Glen Parva 16; Cosby 9; Enderby 9; Blaby 7.

Diphtheria Only 11 cases were notified as diphtheria, and in only 9 of these was the diagnosis confirmed.

Of the eight confirmed cases, three were in adults, not immunised, four were in children between the ages of 5 and 10, immunised when not living in Blaby R.D., three about five years ago and one three years ago. None of the cases were serious. The remaining case, a child of 13, had not been immunised. No fatal case of diphtheria occurred during the year.



During the past 10 years the number of cases of diphtheria notified has been as follows:-

|       |   |   |    |      |   |   |   |    |
|-------|---|---|----|------|---|---|---|----|
| 1936. | . | . | 31 | 1941 | . | . | . | 44 |
| 1937. | . | . | 32 | 1942 | . | . | . | 30 |
| 1938. | . | . | 26 | 1943 | . | . | . | 11 |
| 1939. | . | . | 23 | 1944 | . | . | . | 16 |
| 1940. | . | . | 53 | 1945 | . | . | . | 25 |
|       |   |   |    | 1946 | . | . | . | 11 |

These are the gross figures actually notified without deductions for cases not confirmed, as no reference to the latter is made in the earlier reports.

Table A gives particulars of the work done during 1946.

BLABY 1946

TABLE A.

Diphtheria Immunisation: 1946

|                                               | Sessions Immunised |        |          |        |
|-----------------------------------------------|--------------------|--------|----------|--------|
|                                               | Under 5            | Over 5 | Boosting | Over 5 |
| Blaby                                         | 5                  | 14     | 15       | 128    |
| Braunstone I.W.C.                             | 8                  | 108    | 3        | 4      |
| Cosby                                         | 4                  | 15     | 2        | 5      |
| Countesthorpe                                 |                    |        |          |        |
| St. Andrews                                   | 4                  | 9      | 6        |        |
| Cottage Homes                                 | 2                  | 20     | 57       | 51     |
| Croft                                         | 3                  | 10     |          |        |
| Enderby                                       | 6                  | 39     | 1        |        |
| Glenfield                                     | 6                  | 27     | 4        | 108    |
| Glen Hills                                    | 5                  | 15     | 9        | 131    |
| Holmfild Av.                                  | 4                  | 7      | 4        | 1      |
| Huncote                                       | 5                  | 10     |          | 38     |
| Kilby                                         | 3                  | 2      |          |        |
| Kirby Muxloe                                  | 5                  | 11     |          |        |
| Narboro' I.W.C.                               | 6                  | 36     | 2        |        |
| Ravenhurst Rd.                                | 4                  |        | 17       | 308    |
| Sapcote                                       | 4                  | 8      | 1        |        |
| Sharnford                                     | 3                  | 8      |          | 4      |
| Stoney Stanton                                | 4                  | 22     | 4        |        |
| Thurlaston                                    | 4                  | 7      | 2        |        |
| Whetstone                                     | 5                  | 19     | 2        |        |
|                                               | 90                 | 387    | 129      | 778    |
| Imm: by Dr. Martin<br>at S. Wigston<br>Clinic |                    | 9      |          | 8      |
| Imm: privately                                |                    | 51     | 4        |        |
|                                               | 90                 | 447    | 133      | 786    |

Briefly, sessions have been held at 21 centres, viz: 18 schools, 2 infant welfare centres, and at Countesthorpe Cottage Homes. There were 90 sessions as compared with 96 in the previous year. The total number of children immunised for the first time was 580 compared with 680 in the previous year, but this falling off was compensated for, as regards the work entailed, by a large increase in the number of children re-immunised, viz. 786 compared with 178. Allowing for the fact that only one injection is



required for re-immunisation, the total number of injections given during the year was 1,956 compared with 1,538, an increase of 27%.

The Ministry of Health are now asking that all children immunised in infancy should receive a re-immunising or "boosting" dose when they come to school at the age of 5, and this we are trying to arrange. It is probable that a further boosting dose will be found necessary at about the age of 10 years.

TABLE B.

|      | <u>Sessions</u> | <u>Under 5</u> | <u>5 - 14 years</u> | <u>Total</u> | <u>Re-imm:</u> |
|------|-----------------|----------------|---------------------|--------------|----------------|
| 1941 | 84              | 730            | 2333                | 3063         |                |
| 1942 | 52              | 526            | 431                 | 957          |                |
| 1943 | 105             | 536            | 361                 | 897          |                |
| 1944 | 102             | 570            | 76                  | 646          |                |
| 1945 | 96              | 589            | 91                  | 680          | 177            |
| 1946 | 90              | 447            | 133                 | 580          | 786            |
|      | <u>529</u>      | <u>3398</u>    | <u>3425</u>         | <u>6823</u>  | <u>963</u>     |

#### Proportion of Children Immunised

It has never been easy to estimate precisely the proportion of children immunised at different age-periods, the matter being more complex than appears on the surface. The only satisfactory way is to go through all our records, card by card, but this entails considerable time and labour as the numbers now run into many thousands and we have not the requisite clerical staff. As regards children over five, the proportion who have once been immunised is of little practical importance as it is now recognized that the protection conferred by immunisation only lasts for a few years and at the age of five, all children should be re-immunised. As regards children under five, there is a rough and ready method based on the number of births in the previous year, and by this method the proportion for Blaby R.D. works out at 77%.

#### Responsibility for Immunisation

The responsibility for immunising children under 5 years now rests upon the Local Authority which is responsible for maternity and child welfare, i.e. upon the Leicestershire C.C. At the request of the C.C. the Blaby R.D. continues to do the work as in the past, but recovers all out-of-pocket expenses incurred in so doing from the C.C.

#### Help and Co-operation from School Teachers and Infant Welfare Centres.

Before leaving this question of immunisation I wish to put on record the almost unvarying help and co-operation we receive from head teachers, the Presidents and helpers at infant welfare centres, and from the County Health visitors, and in certain cases, from the district nurses.

#### Results of Immunisation

Although it is always wise not to claim too much for any preventive measure, it is certainly satisfactory that, as stated above, there were only 8 confirmed cases of diphtheria during the



year under review and not one of these was fatal. If these figures can be maintained over a series of years it will go far to fully justifying the policy of immunisation.

### Scabies

This unpleasant and contagious infection which gave considerable trouble during the war appears now, in the Blaby R.D., to have largely disappeared and few cases were brought to our notice.

A family which was not receiving medical attention was treated by your M.O.H. with satisfactory results.

This affection may prove very obstinate and difficult to eradicate completely, especially where there is a large family or over-crowding, and a mother unable, or not sufficiently persevering, to give the necessary attention to details of the treatment.

### Smallpox and Vaccination

Although the Blaby R.D. remained quite clear of smallpox, there were several outbreaks in various parts of the country. Information as to possible contacts is distributed as a matter of routine to the M.O.H. of every district concerned and the Ministry of Health also send out bulletins whenever thought desirable informing M.O.H. of any fresh outbreaks that may occur; also the port authorities notify the M.O.H's concerned of the names and addresses of persons landing from vessels on which a case of smallpox may have occurred during the voyage or coming from an infected area.

Thanks to these and many other precautions now taken as a routine practice I feel justified in saying that this country is today far better protected against smallpox than ever before, in spite of the fact that infant vaccination - at one time regarded as our "sheet-anchor" against this disease - has fallen in many places into almost complete disuse. Compulsion, as regards infant vaccination, has for many years been virtually only nominal owing to the loop-hole provided by the "conscience clause", and, under the National Health Service Act, which is to come into operation next year, all compulsion will be abolished though free infant vaccination will be available where desired by the parents. What effect this change in the law may have upon the proportion of infants vaccinated remains to be seen, but it seems probable that infant vaccination will fall still further into disuse so long as smallpox remains such a rare disease as it has now been for many years.

Infant vaccination is a very much more serious operation than immunisation against diphtheria; and it is not surprising that parents who have seen some of the "bad arms" that not infrequently result from vaccination hesitate before having a child vaccinated.

It is probable that many people over-estimate the value of vaccination in thinking that the protection conferred lasts much longer than is actually the case. It is only recent vaccination that can be depended upon to give complete protection, and by "recent" is meant vaccination which has been performed within two or three years and which has "taken" properly. It is wise for doctors and nurses who have to deal with smallpox to be vaccinated every year.



## Poliomyelitis: Infantile Paralysis

Although this serious disease gave little trouble during the actual year under review, it is causing such serious concern during the present year, 1947, throughout the whole country, that some reference to it is desirable.

Poliomyelitis is a virus disease, and unfortunately our knowledge of and power of control over virus diseases is very much less at present than is the case with diseases caused by bacteria. It is better to be quite frank about this and we are certainly not in a position to be dogmatic. There appears to be little evidence that the disease spreads direct from the sick to the healthy. In this respect, indeed, it does not behave as an infectious disease although it is now treated as such. Until comparatively recent times it was not regarded as an infectious disease and was freely admitted into the wards of general hospitals, without any precautions being taken, yet it did not spread to other patients or to the doctors or nurses attending it. When an epidemic occurs it is rare for any "clustering" of cases to be found in school, factory or locality. When it occurs in rural areas odd cases may crop up in isolated villages without any discoverable connection with any other case, and without any further cases occurring. Measures of isolation or disinfection have not been shown to have any effect.

Although usually called infantile paralysis it may attack persons of any age but is commonest in young children. It is very rare after middle age. The course of the disease usually consists in an initial feverish attack to be followed by characteristic paralytic symptoms which vary greatly in severity and permanence. Unfortunately there appears to be no certain diagnostic test, and when, as is sometimes the case, the paralytic symptoms are so slight as to be unobservable, diagnosis can only be a matter of conjecture. It is now thought that the unrecognised cases are probably much more numerous than the actual paralytic cases.

The Medical Department of the Ministry of Health have issued a memorandum on the disease to all Medical Officers of Health making suggestions as to what action should be taken should cases occur. Social life, it is pointed out, must go on and drastic interference, such as prohibiting public gatherings or closing schools, is not recommended. As regards public swimming baths it is not usually desirable to close these but the process of chlorination of the water should be intensified, costumes and towels be heat-treated, and floors of changing rooms swilled down with chlorinated water. Speaking generally, the ordinary laws of hygiene should be carefully attended to.

Hospital accommodation for persons attacked should be available, but more for the sake of treatment than for isolation.

Serum therapy appears to be valueless either for prevention or treatment.

## Ice Cream Regulations

In recent years the consumption of ice-cream has very greatly increased, largely perhaps due to the increased spending power of the population. It is right, therefore, that greater attention should be paid to the conditions under which this article is manufactured and sold. In the past, these have often been far from satisfactory in many cases. The serious outbreaks of typhoid fever traced to ice cream have also drawn attention to the matter.



New regulations governing the manufacture of ice-cream were made during the year by the Minister of Health and they came into force on 1st May of the present year, 1947. They make a distinction between ice-cream made from "complete cold mix" and that made by any other method. A "complete cold mix" is defined as a dried powder which is made into ice-cream by the addition of pure water. The only things which may be added are certain flavouring materials. After adding the water it must be frozen into ice-cream within one hour. "Cold mix" is subjected to the necessary heat treatment by the manufacturers and is sent out in air-tight containers.

In all other cases once the ingredients have been mixed they must not be kept for more than one hour before the mixture is subjected to heat treatment. This consists in keeping it at a temperature of 150 f. for 30 minutes (or 160 F. for 10 minutes) It must then be cooled and brought down to a temperature of 45 F. and kept at that until the freezing process begins. Once it has been frozen into ice-cream, it must never be allowed to melt, but if this should happen, the heat process must be done all over again.

The apparatus necessary for the carrying out of the Regulations must be installed to the satisfaction of the Local Authority but in view of possible difficulty in obtaining the requisite cooling apparatus some latitude is to be allowed provided it can be shown that the apparatus has been duly ordered. Heavy penalties are provided for breach of the Regulations.

When these new Regulations came into force, your P.H. Committee directed that a copy of them, together with an explanatory letter, should be sent to each manufacturer or purveyor of ice-cream (about 12 in number) in the Blaby R.D.

The administration and enforcement of these Ice-Cream Regulations places a fresh responsibility on Health Department Staffs, but they should have a material effect in improving the conditions under which ice-cream is manufactured and sold.

### HOUSING

The importance of good and adequate conditions is now recognised by all and one of the evil consequences of the war is the great shortage of houses owing to the cessation of building operations during the war years.

This shortage is acute in the Blaby R.D. as throughout the country and very much work has been done by the Blaby R.D.C. in preparation for the provision of the necessary houses. The following figures have been kindly supplied by Mr. F.W. James, the Council's Engineer and Surveyor:-

#### Temporary Bungalows (Prefabricated)

|               |            |                            |
|---------------|------------|----------------------------|
| Kirby Muxloe  | 10)        | All completed and occupied |
| Braunstone    | 20)        |                            |
| Whetstone     | 20)        |                            |
| Countesthorpe | 10)        |                            |
| Cosby         | 10)        |                            |
| Narborough    | 10)        |                            |
| Enderby       | 20)        |                            |
|               | <u>100</u> |                            |



The 40 at Enderby and Whetstone are of the Aluminium type; the remainder of the Spooner type.

### Permanent Houses

The Blaby Council has 208 dwellings under construction in the first year's programme, situated at Glenfields - 40, Braunstone - 56 Blaby - 62 and Narborough - 50. These sites are conveniently placed to meet the urgent needs of the district pending the development of additional sites in other parishes. 146 further houses are also provided for on the four sites under the second year's programme.

So much has been said about the importance of an adequate supply of satisfactory houses, and the need is so generally recognised, that it is hardly necessary to stress this further.

### Sites for Individual Parish Needs

Sites for houses to meet the needs of individual parishes are being purchased as follows:-

Cosby 76, Countesthorpe 76, Croft 44, Enderby 60, Elmesthorpe 6, Huncote 46, Kirby Muxloe 30, Stoney Stanton 54, Whetstone 58, Sapcote 32 and Sharnford 24.

The development of these sites is dependent upon the future allocation of new houses to this district under the Zone Scheme.

### Housing by Private Enterprise

379 houses have been licenced by the Council for letting, sale or owner-occupation and reasonable progress is being made by private enterprise in this respect.

### Sewage and Sewage Disposal

(Particulars taken from Council Surveyor's Report for 1945/1946)

Main drainage exists in 12 parishes and is required in eight, viz: Sapcote, Sharnford, Stoney Stanton, Thurlaston, Kilby, Aston Flamville, Wigston Parva and Elmsthorpe. The remaining three parishes, Leicester Forest West, Lubbesthorpe and Potters Marston, are purely agricultural and only sparsely developed and will no doubt have to rely on cess-pool drainage for many years to come.

Extensions to several sewage disposal works will be required to deal with post-war housing development and to improve certain existing works in order to receive the additional sewage from over 2,000 pail closet conversions.

### Water Supplies

A piped water supply is available in 17 parishes and is required in 4, viz: Aston Flamville, Kilby, Thurlaston and Wigston Parva.

Negotiations with Leicester Corporation and Hinckley U.D.C. have been in progress for a considerable time regarding additional supplies of water for this district and it is hoped that mutually agreed terms will result.



## Sanitary Inspector's Annual Return

A large mass of detail is given as usual in Mr. Galsworthy's annual return, showing the large amount of work he has to deal with.

Only 88 pail closets were converted to water closets during the year and as there are still considerably over 2000 remaining in the Blaby area, it is much to be desired that this work should be expedited. Admittedly, there are difficulties, but every possible effort should be made to overcome these and every encouragement given to owners of property to convert.

As I have pointed out in previous reports, apart from the very great sanitary objection to pail closets, the emptying of them entails heavy expense upon the Council; and from a financial point of view it is good business to assist property owners liberally with the cost of conversion.

Mr. Galsworthy draws attention to the large amount of extra work entailed upon his department by the preparation and issue of building licences under the control of civic building.

### CONCLUSION

In my annual report for 1945 I stated that I expected it would be the last one which I should have the privilege of presenting. However, owing to unforeseen circumstances, difficulties have arisen in appointing a successor and I am still acting as your M.O.H. It is now seven years since, in 1940, as part of the war-time effort, I accepted the combined appointment of M.O.H. for Blaby and Lutterworth R.D., and I admit that I shall be glad when I obtain my release. At the same time, the District Councils in question, and their officers, have shown me so much courtesy and consideration that I do not wish to put them to inconvenience, and I am willing, therefore, to continue to carry on with the work until they are able to make a new appointment.

I am,

Your obedient servant,

(Signed) C. Killick Millard

M.O.H. Blaby and Lutterworth R.D.

